

OFFICE OF THE GOVERNOR  
REQUEST FOR APPOINTMENT CONSIDERATION  
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:

**BOARD OR COMMISSION NAME:** \_\_\_\_\_

Application for:	<input type="checkbox"/> New Appointment	<input type="checkbox"/> Reappointment		
Name:				
Date of Birth:		<input type="checkbox"/> US Citizen	<input type="checkbox"/> Registered Voter	MD resident since _____
Race:		Gender:	(Ethnic/gender data is solely to assure diversity in representation)	
Home Address:				
City:		State:		Zip: _____
Resident County:				
MD Legislative District:		MD Congressional District:		Council or Commission District: _____
Occupation:				
Employer:				
Work Address:				
City:		State:		Zip: _____
Phones:	(Office): _____	(Home): _____		
	(Cell): _____	(Fax): _____		
Email Address:				
Sponsoring Organization (If Any):	_____			
Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify): _____			
Do you hold a Maryland license to practice a profession or trade?				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, specify License:				
Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify): _____			
Are you a member, officer or director of any organization?				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Specify Organization or Activity:				
If so, are you engaged in any lobbying activities for that organization?				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Are you a paid lobbyist for any organization?

If so, please specify the organization

☐

Yes

☐

No

Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?

☐

Yes

☐

No

Specify Office:

Specify Dates:

Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?

☐ Yes

☐ No (Explain):

Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?

☐ No

☐ Yes (Explain):

List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:

1.

2.

**Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.**

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms may be returned to:  
Kim Bennardi, Administrator  
Department of Health and Mental Hygiene  
Office of Appointments and Executive Nominations  
201 W. Preston Street, Baltimore, MD 21201  
Phone: (410) 767-4940 Fax: (410) 767-6489 Email: [kim.bennardi@maryland.gov](mailto:kim.bennardi@maryland.gov)

*Internal Use Only*

CR:

GS:

TQ:

E: